



Cape Cod Collaborative

FIELD TRIP REQUEST FORM

PLEASE PRINT CLEARLY

Date of Request: _____ School: _____

Day and Date of trip/event: _____

Depart from: _____ Destination: _____

Destination Address: _____

Departure Time (School): _____ Departure Time (Destination): _____

Arrival Time (Back at School): _____ Students' Grade Level/Class: _____

Number of students (attach student roster): _____ Number of adults: _____

Transportation needed (indicate numbers): Bus(es) up to 55 _____ Van(s) up to 8 _____ Other _____

Is wheelchair transportation needed? Yes _____ No _____ Number of wheelchairs: _____

Cost per student: _____

Trip/Event Organizer: _____ Organizer's cell phone: _____

Please list names of adults accompanying students on/at this trip/event: _____

Focus of the trip/event? _____

BUILDING APPROVAL

Approval by: Program Director /Designee: _____ Date: _____

Event/Trip added to Program Google Calendar by: _____ Date: _____

Event/Trip added to #WeAreOneCollaborative Google Calendar by: _____ Date: _____

Approved by: School Nurse: _____ Date: _____

Nurse needed for this field trip: YES _____ NO _____

Are bagged lunches needed: YES _____ NO _____ How Many: _____

Approved by Cafeteria Manager: _____ Date: _____

TRANSPORTATION APPROVAL

Transportation Confirmed by Transportation Coordinator: _____ Date: _____

Notes: